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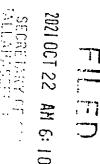
(Requestor's Name)	
(Address)	
(Address)	· - ·····
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	s of Corp	orations		•
	e Investme	ent Coach, LLC		o
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Cory Shrader		
		-	Name of Person	
		The Investment Coach, LL	С	
			Firm/Company	
		2719 Shade Tree Drive		
		·	Address	
		Fleming Island, FL 32003		
			City/State and Zip Code	
		E-mail address: (0	to be used for future annual report no	tification)
For further inform	nation cor	ncerning this matter, please ca	all:	
Cory Shrader			904 240-2930 at ()	
_	Name of I	Person		me Telephone Number
Enclosed is a che	ck for the	following amount:		
■ \$25.00 Filing		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Se	ction	Street Address:	action
		rporations	Registration Se Division of Co	
	ox 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F!LFD 2021 OCT 22 AM 6: 10

The Investment Coach, LLC		SECRETARY OF
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our record da Limited Liability Company)	<u>1s.</u>)
The Articles of Organization for this Limited Liability Florida document number L19000155313	Company were filed on June 12, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Black Creek Wealth Management, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ss
	. FI	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing	Registered A	gent. Signature	of New Ro	egistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
		□Add	
			Remove
			Change
			□ Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note:	tive date, if other than the date of filing:
e reco rd is t	ord specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	October 16 . 2621 .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00